

452 2/19/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445360	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/05/2011
NAME OF PROVIDER OR SUPPLIER MERCY MEDICAL CENTER TRANSITIONAL CARE UNIT			STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST OAK HILL AVENUE KNOXVILLE, TN 37917		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>	F 441			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Norma E. Himesey

Admin

1-24-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/14/2011
FORM APPROVED
OMB NO. 0938-0391

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F 441	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, facility policy review, and interview, the facility failed to ensure staff washed hands and prevented possible contamination of dressing supplies during a dressing change for one (#1) resident of eleven residents reviewed.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on December 8, 2010, with diagnoses including Hypertension, Acute Respiratory Failure, and Chronic Atrial Fibrillation.</p> <p>Medical record review of a physician order dated December 23, 2010, revealed "...Change hydrocolloid dressing...q (every) 3days or PRN (as needed)..."</p> <p>Observation in the resident's room on January 5, 2011, at 10:46 a.m., revealed Charge Nurse #1 providing a dressing change to the coccyx area of resident #1. Observation revealed Charge Nurse #1 did not wash the hands prior to beginning the dressing change and failed to establish a clean field (clean area to prevent clean dressings from possible contamination) prior to placing dressing items on resident's bed.</p> <p>Review of the facility's policy for Hydrogel dressing application, revealed, "...Wash your hands...avoid contaminating the sterile field and spreading infection..."</p> <p>Interview with Charge Nurse # 1 at the nurse's desk on January 5, 2011, at 11:12 a.m., revealed the facility policy for Treatment of Pressure Sores</p>	F 441	<p>Charge Nurse # 1 was re-educated on Lippincott Procedure (in steps to Changing Hydrocolloid Dressing) by DON</p> <p>Corrective Action Plan developed and implemented with Charge Nurse # 1 to include Competency Assessment during next 2 dressing changes and in hand hygiene by licensed wound care nurse</p> <p>Charge Nurse # 1 will attend "Wound Care Resource Nurse Training" on 2-1-2011</p>	1-5-11	1-7-11	1-20-11	2-1-11

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F 441	Continued From page 2 was not followed and infection control was not maintained during the dressing change.	F 441	<p>All TCU RNs and LPNs will complete competency testing on wound care, dressing changes; following infection control and privacy protocols by 2/18/11 : 1st session will occur on 1/26/2011 This will be monitored on a quarterly basis throughout 2011</p> <p>* See attached competency validation tool</p> <p>* The competency training + testing will be provided by a wound care resource licensed personnel (RN/LPN/PT)</p> <p>* The quarterly training/testing will also be provided by a wound care resource licensed personnel (RN/LPN/PT)</p>	2/18/11	